

Breast Cancer Surgery

Apart from the physical scars, most of the discomfort and physical changes from the treatment are only temporary. Once the cancer patient has worked hand in hand with her physician to come up with an effective treatment plan, the physician can provide assessments of the potential side effects and recovery time that she will likely experience in relation to specific social responsibilities and future career. The standard surgery for local control of breast cancer involves the removal of cancerous breast tissue. The underlying thorax muscles (pectoralis major and pectoralis minor), are left unresected. This advancement in breast cancer surgery has significantly reduced postoperative pain and recovery time, but, more importantly, patients are spared the long term disability of having muscles resected. If you underwent a lumpectomy (surgical removal of a small tumor or lump, which may or may not be benign or malignant) without lymph node dissection (a surgical procedure in which the lymph nodes are removed and examined to see whether they contain cancer), you will most likely have surgery and be discharged on the same day. Recovery from surgery will take much longer if the axillary lymph nodes are also removed. With the removal of the axillary lymph nodes, lymph flow of the breast is partially interrupted and a soft rubber tube is placed in the wound, which will serve as a temporary lymph fluid drainage. The length of hospital stay for lumpectomy and lymph node dissection or breast resection with lymph node removal is usually one to two days. The temporary drain from the lymph node empties into an expandable container about the size of a softball. The container is usually emptied daily and the amount of fluid disposed is recorded. Several days postoperatively, the amount of fluid rapidly decreases, at which time the surgeon removes the drain. In the presence of dissected lymph nodes, most surgeons would advise immobilization of the affected arm, as much as possible, for a couple of days after the surgery to allow for quick wound healing and to keep lymphatic flow as minimal as possible. Once the drain is out with the surgical wound visibly healing, it is beneficial to begin gentle and progressive exercises of the arm to prevent limitation of joint motion from scarring and contracture. Some surgeons advise their patients to do active exercises, while others refer them for physical therapy, especially those patients who have undergone lymphadenectomy (surgical removal of the lymph nodes). It is usual for the cancer patient to discuss with her surgeon what the best option would be for her. After the lymph node resection, most patients will experience numbness in the armpit area due to the cutting of the nerves around the armpit region. Sensory function will often return after several months postoperatively when the nerves have grown back and regenerated. On the other hand, some patients will have permanent numbness and sensory impairment here. For those who experience this disappearance of sensation, one must be extra careful particularly in shaving underarm hair. It would be wise to use an electric razor when doing this. With lymphadenectomy, a small percentage of patients develop an obstructed vein along the inner side of the affected upper arm that feels like a thin cord and will likely restrict arm movement. If this happens, thermotherapy, specifically heat therapy and stretching exercises should be done to achieve the full range of arm movement again.

About the Author

Hospitals. The following forms relate to Hospitals and the Pharmaceutical Benefits Scheme. Approval of a hospital authority to supply.

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